

|                             |                         |              |                        |                                  |
|-----------------------------|-------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>09/063,477 | FILING DATE<br>04/20/98 | CLASS<br>349 | GROUP ART UNIT<br>1612 | ATTORNEY DOCKET NO.<br>FSU-10302 |
|-----------------------------|-------------------------|--------------|------------------------|----------------------------------|

APPLICANT ROBERT A. HOLTON, TALLAHASSEE, FL; ZHUMING ZHANG, MONTCLAIR, NJ; PAUL A. CLARKE, TALLAHASSEE, FL.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/056,000 08/18/97  
*ST*  
 PROVISIONAL Application No 60/081,265 4/9/98

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED  
*me ST*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED  
*me ST*

FOREIGN FILING LICENSE GRANTED 05/07/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

|   |   |                        |                     |                    |                         |
|---|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>FL | SHEETS DRAWING<br>0 | TOTAL CLAIMS<br>45 | INDEPENDENT CLAIMS<br>8 |
| Verified and Acknowledged<br><i>ST</i>                      | Examiner's Initials _____ Initials _____  |                        |                     |                    |                         |

SEE CUSTOMER NUMBER: 000321

ADDRESS

TITLE

PROCESS FOR SELECTIVE DERIVATIZATION OF TAXANES

|                              |   |   |
|------------------------------|---|---|
| FILING FEE RECEIVED<br>\$930 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------|---|---|